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embodiment of the present invention is shown in which lower surface 20 Anchor holes 74, 78, 80, 82, 84, 86, 88 and 90 are oriented generally parallel to drive socket 76. In Fig. 5(b) only anchor holes 74 and 90 are shown for clarity. With anchor holes 74 and 90 oriented as shown in Fig.'s 5(a) and (b), the angle formed between the anchor holes and a plane perpendicular to long axis 92 may be from  $0^{\circ}$  to  $90^{\circ}$ .

Referring now to Fig.'s 6(a) and (b), anchor holes 60, 68, 70 and 72 form an angle of  $0^{\circ}$  with a plane perpendicular to long axis 62. The embodiment of the present invention shown in Fig.'s 6(a) and (b) allows a surgeon to obtain an adequate angle of approximation to successfully secure one or more sutures to soft tissue anchor 64 by maintaining the surgical needle with the plane of its curve parallel to the surface of bone 66 as the surgical needle is passed through anchor hole 60, 68, 70 or 72 of soft tissue securing anchor 64. This embodiment of the present invention also presents a low profile above the surface of the bone in which it is secured.

As can also be understood from Fig.'s 6(a) and (b), the surgical anchor shown in these figures comprises an anchor body 100 which has long axis 62. A head 102 is located at a first end 104 of the anchor body. The head is adapted to accommodate a tool for securing or driving the anchor body into a patient's bone. The head has a first surface 106 which is adapted to engage the patient's bone 66 when the anchor body is in place in the patient's bone. The head also has a second surface 108 that is adapted to be spaced apart from the patient's bone in the

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This invention claims priority of copending United States provisional patent application Serial No. 60/048,284. This is a divisional application of co-pending Serial No. 09/747,991 filed on December 27, 2000 which is a continuation of Serial Number 09/089,231, filed on 06/02/1998, which claimed the just-mentioned priority.